UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250 **Notice SP-86**

For: State and County Offices

Oriental Fruit Fly (OFF) Program

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Approved by: Acting Deputy Administrator, Farm Programs

1 Overview

A Background

OFF's were detected in Miami-Dade County, Florida, on August 26, 2015. OFF is considered 1 of the most destructive of the world's fruit fly pests and attacks more than 430 different fruits, vegetables, and nuts. Population growth can be massive since females can produce hundreds of eggs infesting fruit and rendering it unsuitable for human consumption. The female deposits the eggs under the skin of host fruit and the larvae infests the fruit. The detection of multiple OFF's triggered the State of Florida and APHIS to implement a quarantine in the Redland area of Miami-Dade County on August 28, 2015.

The quarantine area was established and covered 98.65 square miles authorized in Florida Statute 581.031 and defined in Florida Administrative Code 5B-66. As part of the effort to eradicate OFF, producers in the quarantine area were required to sign a compliance agreement that outlines the procedures necessary for the harvesting, handling, and post-harvesting of crops in the quarantine area. On February 13, 2016, APHIS rescinded the quarantine after 3 lifecycles elapsed without any new OFF detections. Therefore, the quarantine was necessary and successful in eradicating OFF.

Because of the timing of the State of Florida and APHIS implemented quarantine, crops were negatively affected during the 2015 and/or 2016 crop growing seasons and producers suffered revenue losses. Because NAP does not apply in instances of a State or Federally declared quarantine and RMA does not offer a quarantine endorsement in Florida, the affected producers need financial assistance. The OFF Program will provide payments to producers affected by the quarantine.

| Disposal Date | Distribution |
|---------------|--|
| May 1, 2022 | State Offices; State Offices relay to County Offices |

1 Overview (Continued)

B Purpose

This notice informs State and County Offices of the following:

- provisions of the OFF Program
- eligibility criteria
- signup period for the OFF Program
- procedure for applying for benefits
- instructions for completing FSA-438
- instructions for completing the OFF Program Calculator
- maintenance and inspection of records
- outreach responsibilities.

C Contact Information

State Offices that require additional information may contact the following.

| IF the question is about OFF | THEN contact |
|------------------------------|--|
| policy | Kim Kempel by email to |
| | kimberly.kempel@usda.gov. |
| Program Calculator | • Todd Pfeifer by email to todd.pfeifer@usda.gov |
| | |
| | Barry TerHark by email to |
| | barry.terhark@usda.gov. |
| payments | Tina Nemec by email to tina.nemec@usda.gov. |
| producer eligibility and | Paul Hanson (producer eligibility policy) by |
| conservation compliance | email to paul.hanson@usda.gov |
| | |
| | Steve Tharp (automated Subsidiary system) by |
| | email to steve.tharp@usda.gov |
| | |
| | Joe Fuchtman (conservation compliance) by |
| | email to joseph.fuchtman@usda.gov . |

2 OFF Applicability

A Source of Authority

The OFF Program is authorized by the Consolidated Appropriations Act (Pub. L. 116-6) for the purpose of making payments to producers affected by the OFF quarantine.

B Regulations

The OFF Program final rule was published in the FR on December 13, 2021.

Regulations for the OFF Program will be codified at 7 CFR Part 756.

C Qualifying Disaster Event

The OFF Program will provide assistance to eligible producers who suffered revenue losses because of the State of Florida and APHIS implemented quarantine that took place August 28, 2015, through February 13, 2016, in Miami-Dade County, Florida.

D Quarantine Area/Map

The quarantine area was mapped by the Florida Department of Agriculture and Consumer Services, Division of Plant Industry (FDACS-DPI). The map identifies areas where OFF was detected, as well as the associated boundaries of the area quarantined by APHIS.

The map is available by contacting FDACS-DPI, the Doyle Conner Building, 1911 SW 34th St., Gainesville, FL 32608-7100 or https://www.fdacs.gov/Divisions-Offices/Plant-Industry.

E Administration

The OFF Program will be:

- administered under the general supervision of the FSA Administrator and DAFP
- carried out by STC's and COC's with instructions issued by DAFP.

STC's and COC's, and representatives and their employees, do not have authority to modify or waive any of the provisions or the regulations, with the following exception.

Exception: DAFP may authorize STC's and COC's to waive or modify non-statutory deadlines and other program requirement cases, where lateness or failure to meet these other requirements does not adversely affect the operation of the OFF Program.

2 OFF Applicability (Continued)

E Administration (Continued)

STC's will:

- take any required action not taken by COC
- correct or require correction of an action taken by COC that is not in compliance
- require COC to not act or implement a decision that is not under 7 CFR Part 756.

DAFP, or a designee, may determine any question arising under the OFF Program, or reverse or modify a determination made by STC or COC.

A representative of FSA may execute application and related documents only under the terms and conditions announced by FSA. Any document not executed under these terms and conditions, including any purported execution before the date authorized, will be null and void.

Items of general applicability to program participants, including but not limited to, application periods, application deadlines, internal operating guidelines issued to State and County Offices, prices, and payment factors established by the OFF Program, are not subject to appeal.

3 Eligible and Ineligible Producers

A Eligible Producers

To be eligible for the OFF Program, the producer must have been actively producing and marketing agricultural products during the OFF quarantine period. Producers affected will not be required to be in the business of producing and marketing agricultural products at the time of FSA-438.

To be an eligible producer, the producer must have suffered revenue losses because of the State of Florida and APHIS implemented quarantine that took place August 28, 2015, through February 13, 2016, in Miami-Dade County, Florida, as a landowner, landlord, tenant, or sharecropper and be 1 of the following:

- citizen of the United States
- resident alien (possessing a Resident Alien Card (I-551))
- association
- partnership of citizens or resident aliens of the United States
- corporation, LLC, or other organizational structure organized under State law solely owned by U.S. citizens or resident aliens

3 Eligible and Ineligible Producers (Continued)

A Eligible Producers (Continued)

- Indian tribe or tribal organization, as defined in section 4(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)
- estate
- trust.

B Other Provisions To Be an Eligible Producer

Eligible producers must comply with all provisions of OFF and as applicable:

- 7 CFR Debt Management
- 7 CFR Part 12 Highly Erodible Land and Wetland Conservation
- 7 CFR 400.680 Controlled Substance
- 7 CFR Part 1400 AGI Provisions
- 7 CFR Part 707 Payments Due Persons Who Have Died, Disappeared, or Who Have Been Declared Incompetent
- 7 CFR Part 718 Provisions Applicable to Multiple Programs
- 7 CFR Part 1400 Payment Limitation and Payment Eligibility.

C Ineligible Producers

The following persons or legal entities are **ineligible** for OFF payments:

- Federal, State, and local governments, including public schools as defined in 5-PL
- persons or legal entities who did not have a reported ownership interest in any of the eligible commodities
- producers who have been suspended or debarred or otherwise excluded from participating in Federal programs

Note: Follow procedure in 1-CM.

• persons and legal entities not meeting payment limitation, payment eligibility, AGI, and HELC/WC requirements for OFF.

Note: 5-PL foreign person rules are not applicable to the OFF Program.

4 Eligible and Ineligible Causes of Revenue Loss

A Eligible Causes of Revenue Loss

To be eligible for payments, the producer must have suffered a loss of revenue because of the OFF quarantine of 1 or more of the following types:

 revenue loss crops planted or prevented from being planted within the OFF quarantined area during the OFF quarantine period

Note: Crops that suffered a revenue loss because of prevented planting must have a prior history of being planted or be able to provide verifiable or reliable documentation demonstrating legitimate intent to plant the crop during the OFF quarantine period.

- pre-harvest or post-harvest treatment costs
- transportation costs to a post-harvest treatment facility
- crop quality loss
- crop spoilage
- crop drop
- reduced post-harvest shelf life.

B Ineligible Causes of Revenue Loss

Ineligible causes of revenue loss include:

- losses determined by FSA to be the result of poor management decisions because of poor farming practices, such as:
 - using no-optimal chemical application
 - using over-tilling
 - using monoculture growing of same crop year after year
 - allowing soil erosion
 - using non-optimal planting time
 - using poor quality seed selection
- losses because of conditions or events occurring outside of the applicable growing season for the crop
- losses because of failure of a power supply or lack of irrigation

4 Eligible and Ineligible Causes of Revenue Loss (Continued)

B Ineligible Causes of Revenue Loss (Continued)

- losses to crops not intended for harvest
- losses to home gardens for personal use and not intended to market
- losses to non-fruit bearing ornamental nursery
- losses caused by theft
- losses caused by disease or pest infestation other than OFF
- losses to crops not negatively affected by the OFF quarantine
- losses to purchased crops.

5 Applying for OFF Program Payment

A OFF Program Signup Period

Eligible producers who suffered a revenue loss because of the OFF quarantine can sign up for an OFF Program payment by submitting a completed FSA-438 to their administrative County Office from January 3, 2022, through March 4, 2022. The administrative County Office will transfer all FSA-438's to the Miami-Dade County Office by the end of the application signup period.

Because the OFF quarantine was limited to a small geographical area in Miami-Dade County, Florida, it is anticipated that most applications will be received in the Miami-Dade County Office, and therefore Miami-Dade County will have sole responsibility over recording all FSA-438's in the OFF Program Calculator (subparagraph D) to determine each applicant's total revenue loss and estimated gross payment. It is possible that there may be OFF Program applicants who do business with a different administrative county.

B FSA-438

See:

- Exhibit 1 for an example of FSA-438 and instructions
- Exhibit 2 for an example of FSA-438-1 and instructions.

B FSA-438 (Continued)

Producers should only:

- submit one FSA-438 for their entire operation
- include the producer's share of revenue for the crops negatively affected by the OFF quarantine for the applicable calendar years.

Once FSA-438 is completed, the application for payment may be accepted using any of the following methods:

- in person, when available
- by mail
- electronically by:
 - FAX
 - email with a scanned or photocopy of signed FSA-438 attached.

FSA-438 data must be recorded in an OFF Program Calculator (subparagraph D) to determine each applicant's total revenue loss and estimated gross payment.

The producer applying for the OFF Program certifies the accuracy and truthfulness of the information provided as well as any documentation filed with or in support of the application. Providing a false certification will result in ineligibility and can also be punishable by imprisonment, fine, and other penalties.

All information is subject to verification or spot check by FSA, at any time, either before or after the payment is issued. Refusal to allow FSA or any USDA agency to verify any information provided will result in the participant's forfeiting eligibility for the OFF Program.

FSA may at any time, including before, during, or after processing and paying an application, require the producer to submit additional information necessary to implement or determine any eligibility provision. Providing required information is voluntary; however, without it, FSA is under no obligation to act on the application or approve the payment.

C Administrative County Office Responsibilities

Administrative County Offices are responsible for:

- completing a receipt for service for any producer interactions with OFF Program applicants
- recording their administrative State name or code in FSA-438, item 1

C Administrative County Office Responsibilities (Continued)

- recording their administrative county name or code in FSA-438, item 2
- looking up and manually recording an applicant's core customer identification (CCID) number in FSA-438, item 3B

Note: This action is extremely critical because the National Office will be using CCID numbers to ensure that payments are properly dispersed to the correct producers.

- approving or disapproving FSA-438's
- transferring FSA-438's not taken in Miami-Dade to the Miami-Dade County Office.

Example: Producer A owns Farm 123 physically located in Miami-Dade County and has a revenue loss of crops produced on Farm 123 because of the OFF quarantine. Producer A both resides and farms in Palm Beach County. Palm Beach County Office is the administrative county for Farm 123. Producer A may apply for the OFF Program through the Palm Beach County Office.

The Palm Beach County Office will record their administrative State name or code in FSA-438, item 1, their administrative county name or code in FSA-438, item 2, and then look up and record the producer's CCID number in FSA-438, item 3B. The Palm Beach County Office and/or STC will review and approve or disapprove FSA-438. Regardless of the COC or STC action, the Palm Beach County Office will send a copy of FSA-438 to the Miami-Dade County Office for recordkeeping and gross payment calculation. The original FSA-438 should be added to the producer's file in Palm Beach County Office. Once signup has ended, the National Office will determine a final payment factor, payments will be processed, and if a payment was processed for Producer A, the Palm Beach County Office will certify and sign Producer A's payment in NPS.

D Approval Authority

COC is the approval authority for FSA-438. The authority may be redelegated to CED. Use the following table for exceptions.

| | THEN the approval authority for FSA-438 |
|--|---|
| IF the OFF applicant is | shall be |
| State, Federal, or non-Federal County | STC, STC-delegated SED, or STC-designated |
| Office employee, including CED's | DD. |
| COC member | |
| relative to County Office employees or | |
| COC members | |

D Approval Authority (Continued)

| | THEN the approval authority for FSA-438 |
|------------------------------|---|
| IF the OFF applicant is | shall be |
| DD | STC or STC-delegated SED. |
| STC member | |
| SED | STC. |
| relative to DD or STC member | STC or STC-delegated SED. |
| relative to SED | STC. |

Notes: Questionable cases shall be referred to the next higher authority for determination.

Employees are not allowed to work on their own application processing or the application processing of a relative. Relative means a person who is related as a lineal ancestor, lineal descendant, sibling, first cousin, niece, nephew, spouse, or otherwise by marriage.

E OFF Program Calculator

FSA-438 data must be recorded in an OFF Program Calculator to determine each applicant's total revenue loss and estimated gross payment. Only the Miami-Dade County Office will be provided access to the OFF Program Calculator. All FSA-438's received in other administrative County Offices must be transferred to the Miami-Dade County Office, by the end of the application signup period, for recordkeeping and gross payment calculation.

The OFF Program Calculator is an Excel spreadsheet developed by the National Office. The Miami-Dade County Office will data load information from all FSA-438's into the OFF Program Calculator, regardless of the COC or STC action. The OFF Program Calculator will determine a revenue loss and an estimated gross payment for each producer.

At the end of the signup period, the National Office will summarize the estimated gross payments for all "Approved" applications recorded in the spreadsheet to determine whether an additional national payment factor needs to be applied to prevent exceeding the available funding for the OFF Program.

The National Office will notify the Miami-Dade County Office when the final OFF payment factor has been determined, and the Miami-Dade County Office will follow instructions in a forthcoming SP notice to process OFF Program payments.

Payments will process through the Common Payment System to check producer eligibility and then to NPS for certification and signing.

E OFF Program Calculator (**Continued**)

Using FSA-438, the Miami-Dade County Office will data load the following information into the OFF Program Calculator (Exhibit 3). The National Office will provide the Miami-Dade County Office access to the OFF Program Calculator. All data recorded in the OFF Program Calculator will be stored and maintained for reporting purposes.

| FSA-438 | OFF Program Calculator | |
|---------|-------------------------------|--|
| Item | Column Name | OFF Program Calculator Instructions |
| | F | FSA-438 Form Data |
| 1 | Administrative State Name | Select the producer's administrative State from the |
| | (Code) | drop-down menu, as recorded by the receiving County |
| | | Office in FSA-438, item 1. |
| 2 | Administrative County | Select the producer's administrative county from the |
| | Name (Code) | drop-down menu, as recorded by the receiving County |
| | | Office in FSA-438, item 2. |
| | | RODUCER INFORMATION |
| 3A | Producer Name | Record the producer's name, as recorded in FSA-438, |
| | | item 3A. |
| 3B | Producer CCID Number | Record the producer's CCID number, as recorded by the |
| | | receiving County Office in FSA-438, item 3B. |
| | | OSS REVENUE INFORMATION |
| 14A | 2014 or 2019 Calendar | The producer's control calendar year will default to |
| | Year Gross Revenue | "2014". If the producer recorded "2014" in FSA-438, |
| | | item 14A, leave the default selection. Otherwise, if the |
| | | producer recorded "2019" in FSA-438, item 14A, select |
| | | "2019" from the drop-down menu. |
| | | Record the producer's 2014 or 2019 calendar year gross |
| | | revenue, as applicable, from FSA-438, item 14A. |
| 14B | 2015 Calendar Year Gross | Record the producer's 2015 calendar year gross revenue |
| | Revenue | from FSA-438, item 14B. |
| 14C | 2016 Calendar Year Gross | Record the producer's 2016 calendar year gross revenue |
| | Revenue | from FSA-438, item 14C. |
| | PART E | E – COC/STC APPROVAL |
| 17A | COC/STC Action on | Record the COC or STC action, as marked in FSA-438, |
| | Application | item 17A, by selecting "Approved" or "Disapproved" |
| | | from the drop-down menu. |
| | | Note: Regardless of the COC or STC action, all |
| | | applications must be loaded in the OFF Program |
| | | Calculator spreadsheet for reporting purposes. |
| | | Calculator spreadsheet for reporting purposes. |

E OFF Program Calculator (Continued)

| FSA-438 | OFF Program Calculator | |
|------------|-------------------------------|--|
| Item | Column Name | OFF Program Calculator Instructions |
| | Producer Pay | ment Calculation / Information |
| Total Prod | ucer Revenue Loss | Once all Part C items from a producer's FSA-438 have been recorded in the OFF Program Calculator, the spreadsheet will automatically calculate the producer's total revenue loss, as follows: |
| | | (14A minus 14B) plus (14A minus 14C) |
| ESTIMAT | ED Gross Payment | Once all applicable items from a producer's FSA-438 have been recorded in the OFF Program Calculator, the spreadsheet will automatically calculate the producer's "estimated" gross payment, as follows: |
| | | Total Producer Revenue Loss, as calculated above, multiplied by the payment factor (70%) |
| | | Note: The estimated gross payment will not be calculated for "Disapproved" applications. |

F Payment Process

A process has been developed to initially upload all gross OFF Program payment amounts from the OFF Program Calculator into the payment software. Once this process is completed, payments will be generated in NPS for signing and certifying. This will be further explained in a forthcoming SP notice.

If FSA-438 data is modified on a previously paid application, after COC or STC has reviewed and acted on the application, the application data must be updated in the OFF Program Calculator and the corrected gross payment amount must be used to adjust the payment amount in the payment software.

A forthcoming SP notice will be issued to provide instructions to process OFF Program payments in the payment software.

6 Payment Limitation, Payment Eligibility, AGI, and Other Compliance Requirements

A Payment Limitation

The total amount of OFF payment that a person or legal entity (excluding partnerships and joint ventures) may receive directly or indirectly is \$125,000.

Payments to a program applicant that is a joint operation, including a general partnership or joint venture, cannot exceed \$125,000 per person or legal entity that comprise first-level ownership of the general partnership or joint venture, unless the first-level member is another joint operation.

B Attribution of Payments

OFF payments received directly, and indirectly through a legal entity, will be attributed and limited according to direct attribution rules described in 5-PL and 7 CFR 1400.105.

C AGI

To be eligible for OFF payments, a payment or legal entity (including members, stockholders, or partners of the legal entity) must have an average AGI for program year 2015 that does not exceed the \$900,000 limitation, unless 75 percent of the average AGI is derived from farming, ranching, or forestry operations.

The 3 base years used to compute the average AGI are 2013, 2012, and 2011. CCC-941 must be completed by all OFF applicants and entity members to the fourth level of ownership in the business structure.

Applicants exceeding the \$900,000 limitation may complete CCC-942 and obtain a certification from a licensed CPA or attorney verifying the applicant's average farm AGI is at least 75 percent of AGI.

An OFF applicant who previously filed FY 2015 CCC-941 is not required to submit a new certification unless the certification on file does not represent the applicant's income level.

Average AGI and 75 percent farm AGI certification will be recorded in Subsidiary for 2015.

D Other Eligibility Provisions Applicable to OFF

Other compliance provisions applicable to persons and legal entities requesting an OFF payment include:

- controlled substance
- HELC/WC compliance, including AD-1026.

To be considered eligible for an OFF payment, persons or legal entities must be "certified" with AD-1026 and not have any HELC/WC violations for the 2015 program year.

6 Payment Limitation, Payment Eligibility, AGI, and Other Compliance Requirements (Continued)

D Other Eligibility Provisions Applicable to OFF (Continued)

All other producers who do not have continuous AD-1026 certification of compliance on file must file a complete AD-1026 (item 3, "2015") according to 6-CP, including certification of AD-1026, Part B. According to 6-CP, subparagraph 641 D, these producers must establish farm records, for 2015, to which their certification of compliance applies before recording AD-1026 as "certified".

E Applicable Eligibility Forms for OFF

The automated CCC-902 will be completed according to 5-PL and 3-PL (Rev. 2) by **all** OFF applicants for 2015 to collect:

- names, addresses, and taxpayer identification numbers for the person or legal entity (and its members)
- member information for legal entities (including joint operations)
- citizenship status for the person or legal entity (and its members).

Notes: The manual CCC-902I (Parts A and B), CCC-902E (Parts A, B, and C), and CCC-901 (if applicable) may be used to collect the required information for OFF.

Information collected on manual forms **must** be loaded in Business File according to 3-PL (Rev 2) and Business Partner according to 11-CM.

CCC-903 will be used to document COC payment limitation and producer eligibility.

CCC-941 will be used to collect the certification of average AGI for the OFF applicant.

CCC-942 will be used to collect the certification of 75 percent average farm AGI, if applicable.

F Timeframe for Filing Eligibility Documents

OFF applicants **must** file all eligibility forms listed on FSA-438 within 60 calendar days from the date of submitting FSA-438 if not already on file with FSA.

Failure to timely provide all eligibility forms may result in no payment or a reduced payment.

7 Maintenance and Inspection of Records

A Spot Checks

Producers randomly selected for spot checks must, according to program notice instructions issued by DAFP, provide adequate reports of revenue as applicable. The producer must provide documentary evidence of crop revenue to FSA together with any supporting documentation to verify information entered on FSA-438. Verifiable documentation is preferred.

If verifiable documentation is not available, FSA will accept reliable documentation if determined to be acceptable by COC. If supporting documentation is not presented to the County Office requesting the information within 30 calendar days of the request, producers will be determined ineligible for benefits.

B Examples of Supporting Documentation

Examples of supporting documentation include, but are not limited to:

- picking records
- pack out records
- RMA records
- sales documents
- copies of receipts
- ledgers of income
- copies of receipts
- income statements of deposit slips
- register tapes
- contemporaneous measurements
- truck scale tickets
- contemporaneous diaries acceptable by COC
- any other documents available to confirm crop revenue.

C Maintaining Records

The producer must maintain any existing books, records, and accounts supporting any information so provided in an approved FSA-438 for 3 years following the end of the year during which the application for payment was filed.

The producer must permit authorized representatives of USDA and GAO, during regular business hours, to insect, examine, and make copies of these books, records, and accounts.

8 Misrepresentation and Appeals

A Misrepresentation

A producer will be ineligible to receive assistance under the OFF Program if the producer is determined by STC or COC to knowingly:

- adopt any scheme or device that tends to defeat the purpose of the OFF Program
- make any fraudulent representation
- misrepresent any fact affecting a determination under the OFF Program.

FSA will notify the appropriate investigating agencies of the United States and take steps deemed necessary to protect the interests of the Government.

Any funds disbursed to any person or operation engaged in a misrepresentation, scheme, or device will be refunded to FSA. Civil, criminal, or administrative remedies may apply.

B Appeals

Any producer who is dissatisfied with a determination may make a request for reconsideration or appeal of this determination according to the appeal regulations in 7 CFR Parts 11 and 780.

9 Other OFF Program Information

A NAP or RMA Not Required for OFF Program

Producers who are approved for OFF Program payment will **not** be required to purchase future NAP or crop insurance for those crops affected by the quarantine, as is often required by other disaster programs, because the OFF quarantine was not an eligible covered loss by NAP, and RMA does not offer quarantine as an endorsement in Florida.

B Call Center

A call center will be available for producers who would like additional information concerning the FSA-438 process. Call 877-508-8364 to speak directly with a USDA employee ready to offer assistance. The call center can provide service to non-English speaking customers. Customers will select "1" for English and "2" for Spanish. For other languages, customers will select "1" and indicate their language to the call center staff.

C Recording Time and Attendance

Time and attendance should be recorded using program code 0097 (Other FSA (Inactive and Misc Programs)), along with the appropriate activity code.

10 Outreach Responsibilities

A Conducting Outreach

State and County Offices shall partner with local stakeholder organizations on outreach efforts to ensure that information about the OFF Program is widely disseminated to all producers in applicable counties. State and County Offices shall work with stakeholders to help producers understand:

- eligibility and eligible crops
- how customers can set up an appointment with FSA to receive assistance
- forms and documentations needed to apply for OFF.

Outreach should also be conducted to provide awareness about the opportunity to submit information through the FR for consideration of commodities not included.

When producers apply for the OFF Program, County Offices should offer producers CCC-860 to complete for FSA's records to capture applicable information on new program participants.

The State Outreach Coordinator should coordinate with the State Communications Coordinator to ensure that the availability to apply for OFF is publicized through GovDelivery, State's FSA website, radio, newspaper, and other applicable broadcast mediums.

B Targeting OFF Outreach

Targeted outreach activities should be considered when engaging producers who were affected by the OFF quarantine. In addition to operational and outreach limitations because of the pandemic, it is expected that many of the producers affected by OFF will require limited English proficiency (LEP) services. The State Office will ensure that County Offices know how to access and use the Farm Production and Conservation (FPAC) Telephonic Language Interpretation Service.

SED, STC, DD, COC, and State Outreach Coordinator will ensure that applicable County Offices conduct targeted outreach to eligible producers affected by the quarantine. Since these underserved producers may be unfamiliar with working with FSA, they may need additional assistance in understanding the eligibility requirements for the OFF Program. They also may need assistance in understanding the application processes and determining appropriate documentation for program participation.

The following are additional examples of outreach activities that can be conducted to reach producers affected by the OFF quarantine; that is, the OFF Program.

• Work with agricultural stakeholders to host or co-host webinars explaining the OFF Program, the application processes, and required producer actions.

10 Outreach Responsibilities (Continued)

B Targeting OFF Outreach (Continued)

- For underserved producers or LEP producers, work with stakeholders that can provide a physical space for producers to come and receive technical assistance on OFF, with virtual participation by FSA staff.
- Convene virtual meetings with State or local organizations to strategize about providing program information and technical assistance to the following producer populations:
 - LEP producers
 - underserved producers
 - specialty crop producers
 - urban producers.
- Host virtual "office hours" for agricultural stakeholders that are assisting affected producers or host these hours for affected producers.

C Outreach Resources and Interpretation and Translation Services

Outreach resources are available to employees on FSA's Office of Outreach Intranet site at https://inside.fsa.usda.gov/operations/office-of-outreach/program-toolkits/index. Resources will continue to be added to the Program Toolkits page. Examples of available resources will include:

- outreach program guide with key program takeaways that should be shared when engaging with producers and stakeholders, and tips for targeted outreach to affected producers
- template program presentations
- communication resources developed by the External Affairs Division, provided in both Spanish and English.

Until offices can resume physical outreach duties, virtual program outreach activities will be conducted with stakeholder organizations and potential program participants. The COVID-19 Field Guidance for Conducting Outreach Guide is posted on the DAFO - Personnel Policy and Operations Division SharePoint site under "COVID-19 Informational Documents" in the "FSA General Field Guidance" folder at https://usdagcc.sharepoint.com/sites/fsa-dafops/SitePages/PPOD.aspx.

Employees are reminded to review the guide for specific virtual outreach guidance.

10 Outreach Responsibilities (Continued)

D Interpretation and Translation Services

County Offices can use a Telephonic Language Interpretation Service to reach an interpreter when assisting LEP producers.

- Step 1. Dial 888-331-0185. This service is available 24 hours a day.
- Step 2. When the operator answers, the employee will provide the following information:
 - language requested
 - Agency (FSA)
 - State.

Note: Once this information is provided, the operator will promptly connect the employee with an interpreter.

An additional Document Translation Service can be requested by contacting FSA's LEP representative, Charles A. Russell II, FPAC Business Center, by either of the following:

- email to Charles.Russell@usda.gov
- telephone at 202-720-9413.

E Reporting Eligible Outreach Activities in Outreach Tracking Information System (OTIS)

All nonmedia-related disaster program outreach activities shall be entered into OTIS at https://ems.fpac.usda.gov/OTIS/Outreach/home.aspx. County Offices must enter actual results after the conclusion of the OFF Program activity.

Contacting affected producers through letters and telephone calls are not considered outreach activities, but are part of customary required program notifications.

SED, STC, and COC's will monitor State and county outreach efforts for OFF in OTIS. Monitoring efforts will help ensure that program information and awareness is communicated to all affected producers, including underrepresented individuals, groups, and communities. Underrepresented groups and communities may include, but are not limited to, minority, beginning farmers, and specialty crop producers.

Eligible OTIS reporting activities can include group meetings, technical assistance, webinars, and workshops.

Outreach efforts are to be entered and recorded in OTIS timely. Outreach activities should be categorized as "Other", and "OFF" should be manually entered.

11 Action

A State Office Action

The Florida Acting SED and STC's will:

- ensure that County Offices immediately notify producers of the contents of this notice using all available sources with available funding
- complete outreach efforts
- provide additional resources to the Miami-Dade County Office needed to complete OFF signup
- direct questions about this notice to the National Office according to subparagraph 1 C.

B County Office Action

County Offices will:

- review the provisions in this notice
- accept FSA-438's
- transfer FSA-438's to the Miami-Dade County Office (for receiving counties other than Miami-Dade)
- record data in the OFF Program Calculator (Miami-Dade County Office only)
- forward questions about this notice to the State Office specialist.

FSA-438, Oriental Fruit Fly Program (OFF) Application

A Instructions for Completing FSA-438

The following table provides instructions for completing FSA-438.

| Item | Instructions |
|---------|---|
| 1 and 2 | For FSA use only. |
| 3A | Enter the name of the producer applying for OFF. |
| 4 | Enter the complete address, including ZIP Code, for the producer applying for |
| | OFF. |
| 5 | Enter the producer's telephone number, including Area Code. |
| 6 | Enter the producer's email address (optional). |
| 7 | If the contact producer is different from the producer in item 3A, enter the name |
| | of the individual to contact for questions regarding the information provided on |
| | FSA-438. |
| 8 | Enter the contact producer's address, if applicable. |
| 9 | Enter the contact producer's telephone number, if applicable, including Area |
| | Code. |
| 10 | Enter the contact producer's email address, if applicable (optional). |
| 11 | Check the certification box "Yes" or "No". |
| 12 | Check the certification box "Yes" or "No". |
| 13A | Enter the FSA Farm Serial Number(s), RMA Unit Number(s), or Miami-Dade |
| | County Property Search ID Number(s) that identify the property location(s) that |
| | suffered a revenue loss, because of the OFF quarantine, which lasted from |
| 100 | August 28, 2015, through February 13, 2016. |
| 13B | Enter the crop name(s) that suffered a revenue loss, because of the OFF |
| | quarantine, which lasted from August 28, 2015, through February 13, 2016. |
| 14A | If the producer had 2014 revenue, check the 2014 box and record the producer's |
| | 2014 calendar year gross revenue applicable to the crop(s) listed in item 13B. |
| | Otherwise, check the 2019 box and enter the producer's 2019 calendar year gross |
| 1.4D | revenue applicable to the crop(s) listed in item 13B. |
| 14B | Enter the producer's 2015 calendar year gross revenue applicable to the crop(s) |
| 140 | listed in item 13B. |
| 14C | Enter the producer's 2016 calendar year gross revenue applicable to the crop(s) |
| 1.5 | listed in item 13B. |
| 15 | Enter any necessary comments. |

A Instructions for Completing FSA-438 (Continued)

| Item | Instructions |
|---------|---|
| 16A | The producer named in item 3A will sign. |
| | Customers who have established electronic access credentials with USDA may electronically transmit FSA-438 to the USDA servicing office, provided that either of the following apply: |
| | the customer submitting FSA-438 is the only person required to sign the transaction |
| | • the customer has an approved FSA-211 on file with USDA to sign for other customers for the program and type of transaction represented by FSA-438. |
| | Features for transmitting FSA-438 electronically are available to those customers with access credentials only. If the customer would like to establish online access credentials with USDA, follow the instructions provided at the USDA Service Center Agencies eForms website at |
| | https://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home. |
| 16B | Enter the title/relationship of the individual signing in item 16A. |
| 16C | Enter the date the producer signs item 16A. |
| 17A-17C | For FSA use only. |

B Example of FSA-438

The following is an example of FSA-438.

| FSA-438 (12-14-21 | U.S. DEPARTMENT OF AGI Farm Service Agen | | FOR COUNTY OFFICE USE ONLY 1. Administrative State Name/Code |
|--|---|---|---|
| (| ORIENTAL FRUIT FLY PROGRAM | (OFF) APPLICATION | FOR COUNTY OFFICE USE ONLY 2. Administrative County Name/Code |
| PART A PRODUCER INFORMA | ATION | | |
| 3A. Producer Name | (For County Office Use Only) 3B. Producer CCID Number | 4. Producer Address | 5. Producer Telephone Number |
| | | | 6. Producer Email Address (optional) |
| 7. Contact Producer Name | | 8. Contact Producer Address | Contact Producer Telephone Number |
| | | | 10. Contact Producer Email Address (optional) |
| comprise prouncer tisted in | i item 5 is an inairianai person inai is a C | .s. Ciuzen or Resident Allen; or a legal entity, i | including a corporation, LLC, LP, trust, estate, general |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) Oriental Fruit Fly Quarantine that laster 13A FSA Farm Serial Number(s). R | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert 16. 13B. Crops that suffered a revenue loss due to the Ori | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) Oriental Fruit Fly Quarantine that laster 13A FSA Farm Serial Number(s). R | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert 16. 13B. Crops that suffered a revenue loss due to the Ori | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) Oriental Fruit Fly Quarantine that laster 13A FSA Farm Serial Number(s). R | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert 16. 13B. Crops that suffered a revenue loss due to the Ori | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) Oriental Fruit Fly Quarantine that laster 13A FSA Farm Serial Number(s). R | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert 16. 13B. Crops that suffered a revenue loss due to the Ori | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) Oriental Fruit Fly Quarantine that laster 13A FSA Farm Serial Number(s). R | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert 16. 13B. Crops that suffered a revenue loss due to the Ori | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from February 13, 2016 |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) Oriental Fruit Fly Quarantine that laster 13A FSA Farm Serial Number(s). R | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert 16. 13B. Crops that suffered a revenue loss due to the Ori | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from February 13, 2016 |
| partnership or joint venture, of YES NO PART B FARM LOCATION & C Enter the FSA Farm Serial Number(s) Oriental Fruit Fly Quarantine that laster 13A FSA Farm Serial Number(s). R | or similar type entity, comprised solely of particles of | persons who are U.S. Citizens or Resident Alten Property Search ID Number(s) that identifies the propert 16. 13B. Crops that suffered a revenue loss due to the Ori | ty location(s) and crop(s) that suffered a revenue loss due to the iental Fruit Fly Quarantine that lasted from February 13, 2016 |

B Example of FSA-438 (Continued)

| cord the producer's 2019 gross r 14A | | 14B. | 14C. |
|---|---|---|--|
| 2014 or 2019 Calendar | Year Gross Revenue | 2015 Calendar Year Gross Revenue | 2016 Calendar Year Gross Revenue |
| 2014 or 2019 | | | |
| ART D PRODUCER CERT | FICATION | | |
| termine whether the document egatively affected due to the or termined that I did not suffer to | ation meets program requirements ental fruit fly quarantine that laste te claimed loss, I will be required t o records held by, processors, Flor | d documentation to support the application for 3 years after the date of ap. I certify that for each applicable calendar year, I have provided the growth of the form August 28, 2015 through February 13, 2016 in Miami-Dade Couto refund the payment with interest from date of disbursement. I understatida Department of Agriculture and Consumer Services or any other agen | ss revenue received for applicable crops that were nty, Florida. I agree that in the event it is later und that USDA will conduct spot-checks for this progran |
| OTE: Additional information m | y be requested. Further, this applic | eation will not be considered complete until the following forms are filed. | |
| Manual Form CCC-902I Far | m Operating Plan for an Individual | tland Conservation (WC) Certification (Parts A, B and I), as applicable arts A, B, C and L), as applicable | |
| CCC-901, Member Informa CCC-941, Average Adjusted | ion for Legal Entities, if applicable Gross Income (AGI) Certification | and Consent to Disclosure of Tax Information, | |
| CCC-901, Member Informa CCC-941, Average Adjusted | ion for Legal Entities, if applicable Gross Income (AGI) Certification | • | |
| CCC-901, Member Informa CCC-941, Average Adjuster CCC-942, Certification of In Remarks | ion for Legal Entities, if applicable Gross Income (AGI) Certification | and Consent to Disclosure of Tax Information, I Forestry Operations, as applicable | |
| CCC-901, Member Informa CCC-941, Average Adjuster CCC-942, Certification of In Remarks | ion for Legal Entities, if applicable Gross Income (AGI) Certification | and Consent to Disclosure of Tax Information, | ative Capacity 16C. Date Signed (MM-DD-YYYY) |
| CCC-901, Member Informa CCC-941, Average Adjuste CCC-942, Certification of In Remarks A. Producer's Signature (By) ART E COC/STC APPROV | ion for Legal Entities, if applicable Gross Income (AGI) Certification come from Farming, Ranching and AL (FOR FSA USE ONLY) | and Consent to Disclosure of Tax Information, I Forestry Operations, as applicable 16B. Title/Relationship of the Individual Signing in the Representa | |
| CCC-901, Member Informa CCC-941, Average Adjuste CCC-942, Certification of In Remarks A. Producer's Signature (By) | ion for Legal Entities, if applicable Gross Income (AGI) Certification come from Farming, Ranching and AL (FOR FSA USE ONLY) | and Consent to Disclosure of Tax Information, I Forestry Operations, as applicable | ative Capacity 16C. Date Signed (MM-DD-YYYY) 17C. Date Signed (MM-DD-YYYY) |
| CCC-901, Member Informa CCC-941, Average Adjuster CCC-942, Certification of In Remarks A. Producer's Signature (By) ART E COC/STC APPROV A. COC/STC Action on Application | ion for Legal Entities, if applicable Gross Income (AGI) Certification come from Farming, Ranching and AL (FOR FSA USE ONLY) on | and Consent to Disclosure of Tax Information, I Forestry Operations, as applicable 16B. Title/Relationship of the Individual Signing in the Representa | |
| CCC-901, Member Informa CCC-941, Average Adjuster CCC-942, Certification of In Remarks A. Producer's Signature (By) ART E COC/STC APPROV A. COC/STC Action on Application | ion for Legal Entities, if applicable Gross Income (AGI) Certification come from Farming, Ranching and AL (FOR FSA USE ONLY) on | and Consent to Disclosure of Tax Information, I Forestry Operations, as applicable 16B. Title/Relationship of the Individual Signing in the Representa | |
| CCC-901, Member Informa CCC-941, Average Adjuster CCC-942, Certification of In Remarks A. Producer's Signature (By) ART E COC/STC APPROV A. COC/STC Action on Application | ion for Legal Entities, if applicable Gross Income (AGI) Certification come from Farming, Ranching and AL (FOR FSA USE ONLY) on | and Consent to Disclosure of Tax Information, I Forestry Operations, as applicable 16B. Title/Relationship of the Individual Signing in the Representa | |
| CCC-901, Member Informa CCC-941, Average Adjuster CCC-942, Certification of In Remarks A. Producer's Signature (By) ART E COC/STC APPROV A. COC/STC Action on Application | ion for Legal Entities, if applicable Gross Income (AGI) Certification come from Farming, Ranching and AL (FOR FSA USE ONLY) on | and Consent to Disclosure of Tax Information, I Forestry Operations, as applicable 16B. Title/Relationship of the Individual Signing in the Representa | |

B Example of FSA-438 (Continued)

FSA-438 (12-14-21) Page 3 of 3

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is Section 778 of the Consolidated Appropriation Act of 2019 (Pub. L. 116-6). The information will be used to determine eligibility to participate and receive benefits under the Oriental Fruit Fly Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribial agencies, and nongovernmental entities that have been authorized access to the information by statute or requisition and/or as described in applicable Routine Uses identified in the System of Records Notice for USDAFSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility concerning the processing of the Oriental Fruit Fly Program

Public Burden Statement (Paperwork Reduction Act): According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0306. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

FSA-438-1, Continuation Sheet for Oriental Fruit Fly Program (OFF) Application

A Instructions for Completing FSA-438-1

The following provides instructions for completing FSA-438-1.

| Item | Instructions |
|---------|---|
| 1 and 2 | For FSA use only. |
| 3A | Enter the name of the producer applying for OFF. |
| 3B | For FSA use only. |
| 4 | Enter the complete address, including ZIP Code, for the producer applying for OFF. |
| 5 | Enter the producer's telephone number, including Area Code. |
| 6 | Enter the producer's email address (optional). |
| 7 | If the contact producer is different from the producer in item 3A, enter the name of the individual to contact for questions regarding the information provided on FSA-438. |
| 8 | Enter the contact producer's address, if applicable. |
| 9 | Enter the contact producer's telephone number, if applicable, including Area Code. |
| 10 | Enter the contact producer's email address, if applicable (optional). |
| 11 | Check the certification box "Yes" or "No". |
| 12 | Check the certification box "Yes" or "No". |
| 13A | Enter the FSA Farm Serial Number(s), RMA Unit Number(s), or Miami-Dade |
| | County Property Search ID Number(s) that identify the property location(s) that |
| | suffered a revenue loss because of the OFF quarantine, which lasted from |
| | August 28, 2015, through February 13, 2016. |
| 13B | Enter the crop name(s) that suffered a revenue loss because of the OFF quarantine, which lasted from August 28, 2015, through February 13, 2016. |

FSA-438-1, Continuation Sheet for Oriental Fruit Fly Program (OFF) Application (Continued)

B Example of FSA-438-1

The following is example of FSA-438-1.

| FSA-438-1 (12-14-21) | | T OF AGRICULTURE vice Agency | Expiration Date: 06/30/2022 FOR COUNTY OFFICE USE ONLY 1. Administrative State Name/Code |
|---|--|--|---|
| CONTINUA | ATION SHEET FOR ORIENTAL | FRUIT FLY PROGRAM (OFF) APPLICATION | FOR COUNTY OFFICE USE ONLY 2. Administrative County Name/Code |
| PART B FARM LOCATION | & CROP INFORMATION | | |
| 3A. Producer Name | (For County Office U. 3B. Producer CCID N | | 5. Producer Telephone Number |
| | | | 6. Producer Email Address (optional) |
| 7. Contact Producer Name | | 8 Contact Producer Address | Contact Producer Telephone Number |
| | | | 10. Contact Producer Email Address (optional) |
| | | ment of Agriculture & Consumer Services to participate participation in the Oriental Fruit Fly Program, but suc | |
| partnership or joint ventu | | is a U.S. Citizen or Resident Alien; or a legal entity, incl ely of persons who are U.S. Citizens or Resident Aliens. | luding a corporation, LLC, LP, trust, estate, general |
| partnership or joint ventu YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that I | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade of asted from August 28, 2015 through Februar | ely of persons who are U.S. Citizens or Resident Aliens. county Property Search ID Number(s) that identifies the property Ic 13, 2016. | |
| partnership or joint ventu YES NO Enter the FSA Farm Serial Numb | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | ely of persons who are U.S. Citizens or Resident Aliens. | ocation(s) and crop(s) that suffered a revenue loss due to the |
| partnership or joint ventu YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that I FSA Farm Serial Number(s | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | county Property Search ID Number(s) that identifies the property log / 13, 2016. 13B. Crops that suffered a revenue loss due to the Orient | ocation(s) and crop(s) that suffered a revenue loss due to the |
| partnership or joint ventu YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that I FSA Farm Serial Number(s | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | county Property Search ID Number(s) that identifies the property log / 13, 2016. 13B. Crops that suffered a revenue loss due to the Orient | ocation(s) and crop(s) that suffered a revenue loss due to the |
| partnership or joint ventu YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that I FSA Farm Serial Number(s | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | county Property Search ID Number(s) that identifies the property log / 13, 2016. 13B. Crops that suffered a revenue loss due to the Orient | ocation(s) and crop(s) that suffered a revenue loss due to the |
| partnership or joint ventur YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that 1 FSA Farm Serial Numbers | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | county Property Search ID Number(s) that identifies the property log / 13, 2016. 13B. Crops that suffered a revenue loss due to the Orient | ocation(s) and crop(s) that suffered a revenue loss due to the |
| partnership or joint ventur YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that 1 FSA Farm Serial Numbers | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | county Property Search ID Number(s) that identifies the property log / 13, 2016. 13B. Crops that suffered a revenue loss due to the Orient | ocation(s) and crop(s) that suffered a revenue loss due to the |
| partnership or joint ventu YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that I FSA Farm Serial Number(s | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | county Property Search ID Number(s) that identifies the property log / 13, 2016. 13B. Crops that suffered a revenue loss due to the Orient | ocation(s) and crop(s) that suffered a revenue loss due to the |
| partnership or joint ventu YES NO Enter the FSA Farm Serial Numb Oriental Fruit Fly Quarantine that I FSA Farm Serial Number(s | re, or similar type entity, comprised so er(s), RMA Unit Numbers(s) or Miami-Dade (asted from August 28, 2015 through Februari A), RMA Unit Number(s) or | county Property Search ID Number(s) that identifies the property log / 13, 2016. 13B. Crops that suffered a revenue loss due to the Orient | ocation(s) and crop(s) that suffered a revenue loss due to the |

FSA-438-1, Continuation Sheet for Oriental Fruit Fly Program (OFF) Application (Continued)

B Example of FSA-438-1 (Continued)

FSA-438-1 (12-14-21)

1 (12-14-21)

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is Section 778 of the Consolidated Appropriation Act of 2019 (Pub. L. 116-6). The information will be used to determine eligibility to participate and receive benefits under the Oriental Furil Fly Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility concerning the processing of the Oriental Fruit Fly Program

Public Burden Statement (Paperwork Reduction Act): According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0306. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lend

Example of Completed Oriental Fruit Fly (OFF) Program Calculator

| Dade County, Fl | | 10/19/2021 | | | | | | | | |
|--------------------------------------|---|--------------------------------|-----------------------------------|--|--------------|--|--|-------------------------------------|--|---|
| FSA-438 Form Data | | PART A - PRODUCER INFORMATION | | PART C - GROSS REVENUE INFORMATION | | | | PART E - COC/STC APPROVAL | Producer Payment Calculation / Information | |
| 1. Administrative State Name (Code) | 2. Administrative County Name (Code) Dade, Monroe (025) | 3A. Producer Name Producer A | 3B. Producer CCID Number 12345678 | 14A. 2014 or 2019 Calendar Year Gross Revenue | | 14B. 2015 Calendar Year Gross Revenue | 14C. 2016 Calendar Year Gross Revenue | 17A. COC/STC Action on Application | Total Producer Revenue Loss (14A minus 14B) plus (14A minus 14C) | ESTIMATED Gross Payment Total Revenue Loss multiplied by Payment Factor (70%) |
| Florida (12) | | | | 2014 | \$45,500.00 | \$25,500.00 | \$10,500.00 | Approved | \$55,000.00 | \$38,500.00 |
| Florida (12) | Broward (011) | Producer B | 23456789 | 2019 | \$513,450.50 | \$13,425.00 | \$13,476.00 | Disapproved | \$1,000,000.00 | Disapprove |
| Alabama (01) | Baldwin (003) | Producer C | 34567890 | 2014 | \$23,728.00 | \$20,528.00 | \$8,778.00 | Approved | \$18,150.00 | \$12,705.0 |
| Virgin Islands of the U.S. (52) | St. Thomas (005) | Producer D | 45678901 | 2019 | \$5,435.75 | \$2,035.25 | \$3,411.25 | Approved | \$5,425.00 | \$3,797.5 |